

Name
in
Full

Levin Anthony

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Wellsburg

Date

of death 190

Month

11

Day

16

Years

70

Age

70

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Do Co Ind

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Mary Anthony

Father's
Name

John Anthony

Father's
Birthplace

Do Co

Mother's
Maiden Name

Mary Jackson

Mother's
Birthplace

Do Co

Name of person giving
In formation

Paul J. Anthony

How related
to deceased

Son

CAUSES OF DEATH

Primary

unknown

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

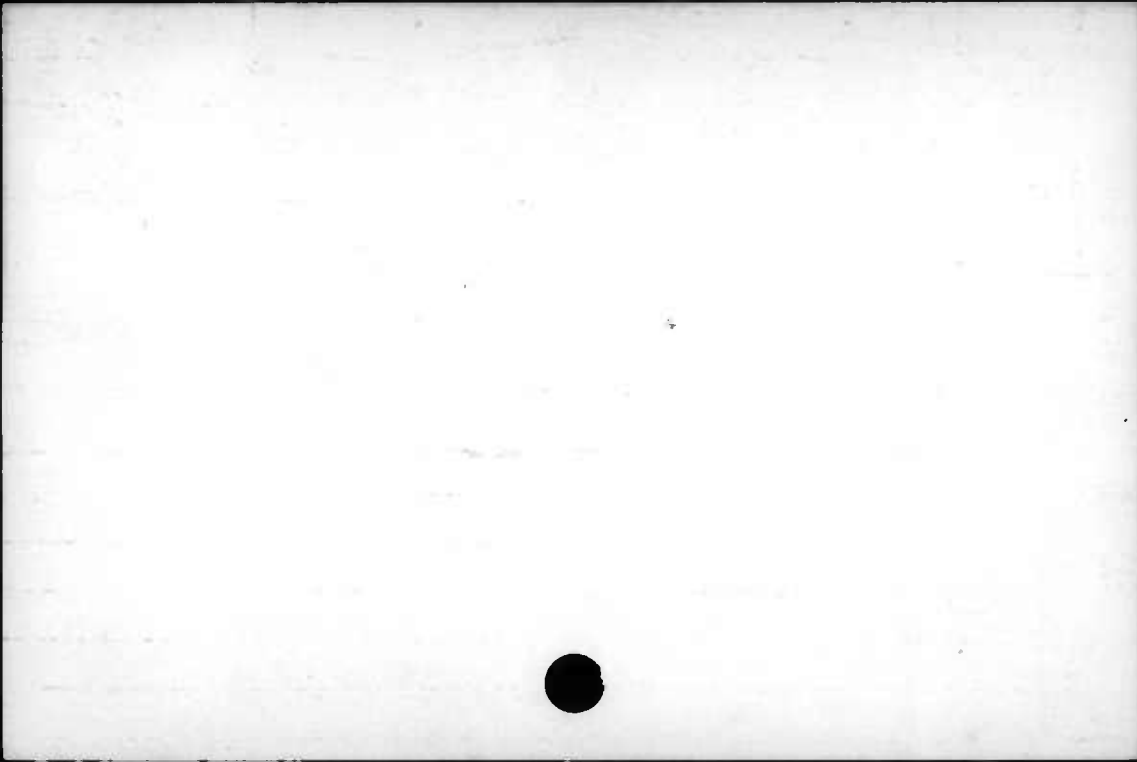
Address

E. Roger Myers

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Sarah H. Bennett

CERTIFICATE OF DEATH

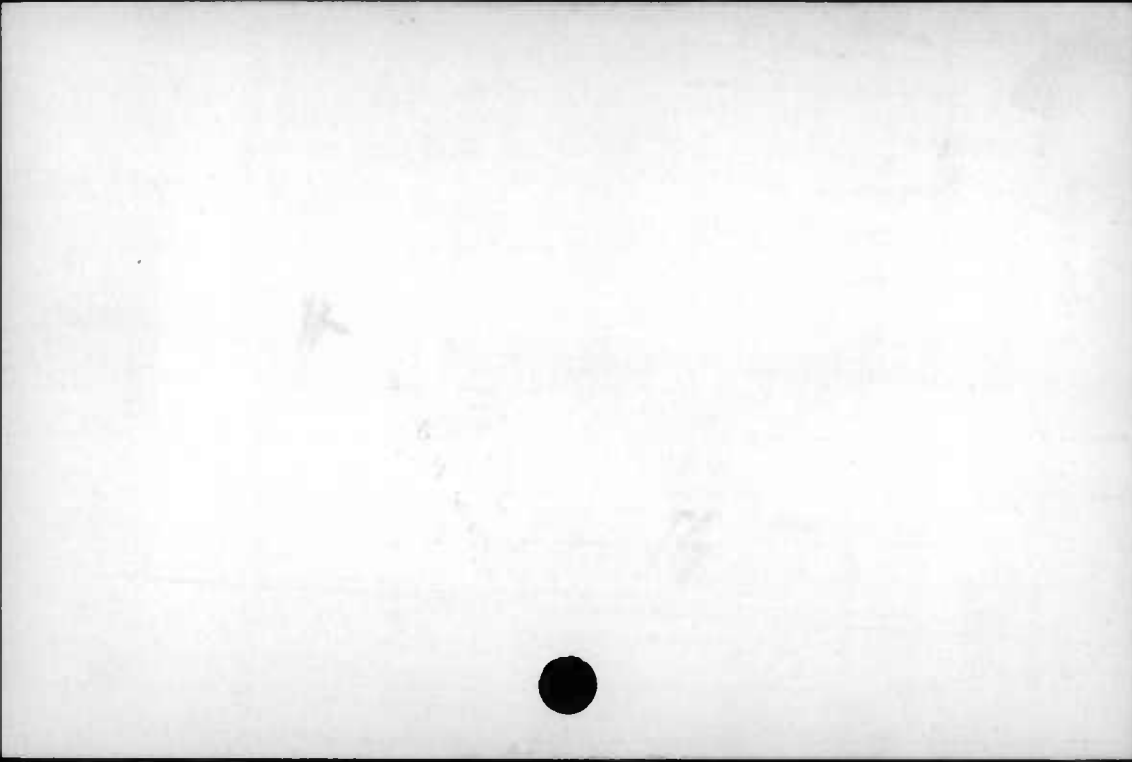
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--------------------------------------|-----------------|--------------------|----------------------------|---|----------------------------|-----------------|------|
| Died at | | Town Dorchester | | County Dorchester | | MARYLAND | |
| Date of death | 1905 | Month Mar | Day 30 | Age Years | 69 | Months | Days |
| Sex | Female | | Color or Race | white | | Birth- place | Mad |
| Occupation | Housewife | | | Where Residing if not at place of death Dorchester | | | |
| Married, Single or Widowed | Married | | Name of Wife or Husband | J. H. Bennett | | | |
| Father's Name | Hymen Kish | | | | Father's Birthplace | Mad | |
| Mother's Maiden Name | Sarah Kish | | | | Mother's Birthplace | Mad | |
| Name of person giving information | William Bennett | | | | How related to deceased | Son | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | | | |
|---|------------|----------------|----|----|----------|------------|
| Primary | Cancer | How long | 45 | 45 | How long | about year |
| Immediate | Exhaustion | How long | | | | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | | | | |
| Signature of Physician | | John Moore | | | | |
| Address | | Dorchester Mad | | | | |
| Accident or Suicide? | | | | | | |



Name
in
Full

Hattie Bowley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town

Brooklyn County

MARYLAND

Date of death 1901- Nov

Day 20

Age 18 Years

Months 10

Days 5

Sex Female

Color or Race

Caucasian

Birth-place

Dr. C. Ind.

Occupation

Housework

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

John H. Bowley

Father's Birthplace

Dr. C. Ind.

Mother's Maiden Name

Annie Henry

Mother's Birthplace

Dr. C. Ind.

Name of person giving information

John H. Bowley

How related to deceased

Father

CAUSES OF DEATH

Primary

Pulmonary Phthisis

How long

8 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

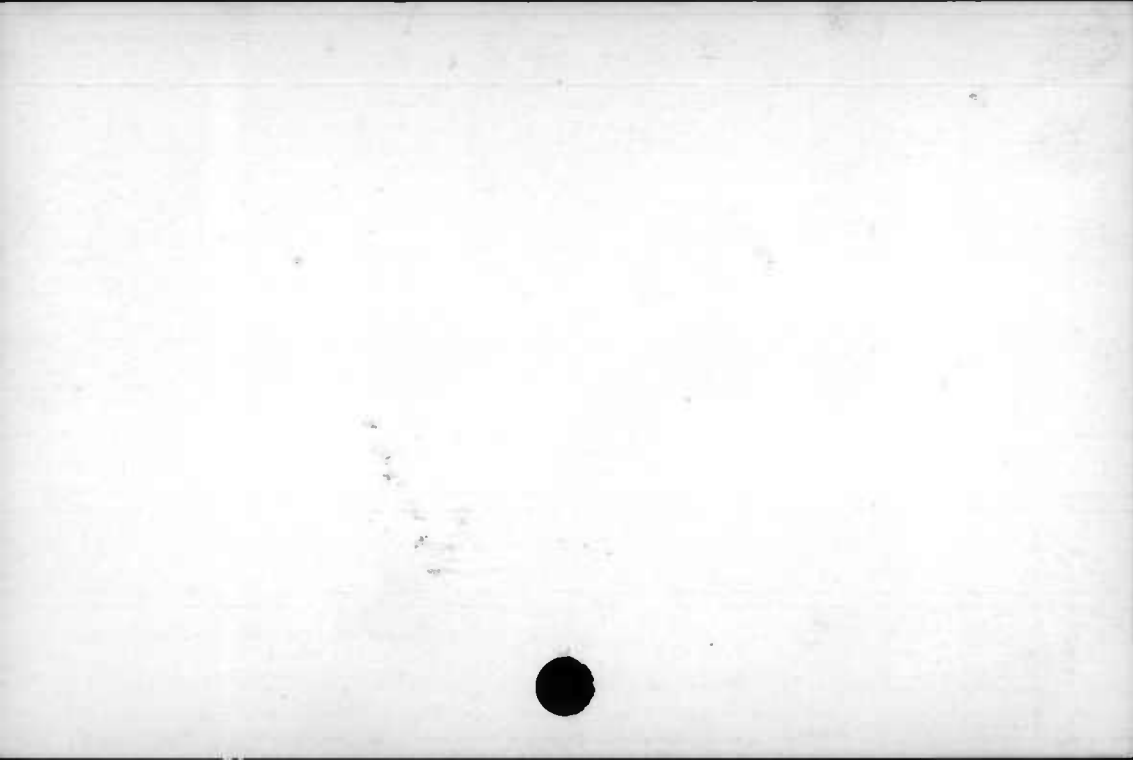
Signature of Physician

Address

Mary Steele

Cambridge Ind.

Accident or Suicide?



Name
in
Full

Margaret Ann Ephas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|--|---|-----------------|-------------|
| Died at Cambridge <small>Town</small> | | Dorchester <small>County</small> | | MARYLAND | |
| Date of death 1905 | Month Nov | Day 26th | Age Years | Months | Days |
| Sex Female | Color or Race Colored | | Birth-place Dorchester | | |
| Occupation House Servant | | | Where Residing if not at place of death | | |
| Married, Single or Widowed Married | | Name of Wife or Husband David Ephas | | | |
| Father's Name Isaac Fitzgiles | | | Father's Birthplace Unknown | | |
| Mother's Maiden Name Mary Baunts | | | Mother's Birthplace Dorchester | | |
| Name of person giving information Mary Baunts | | | How related to deceased Mother | | |

CAUSES OF DEATH

| | |
|--|--|
| Primary Lobar Pneumonia | How long Three weeks |
| Immediate Cardiac Failure | How long Several days |

Are the name, age, sex, color, date and place correctly given above?

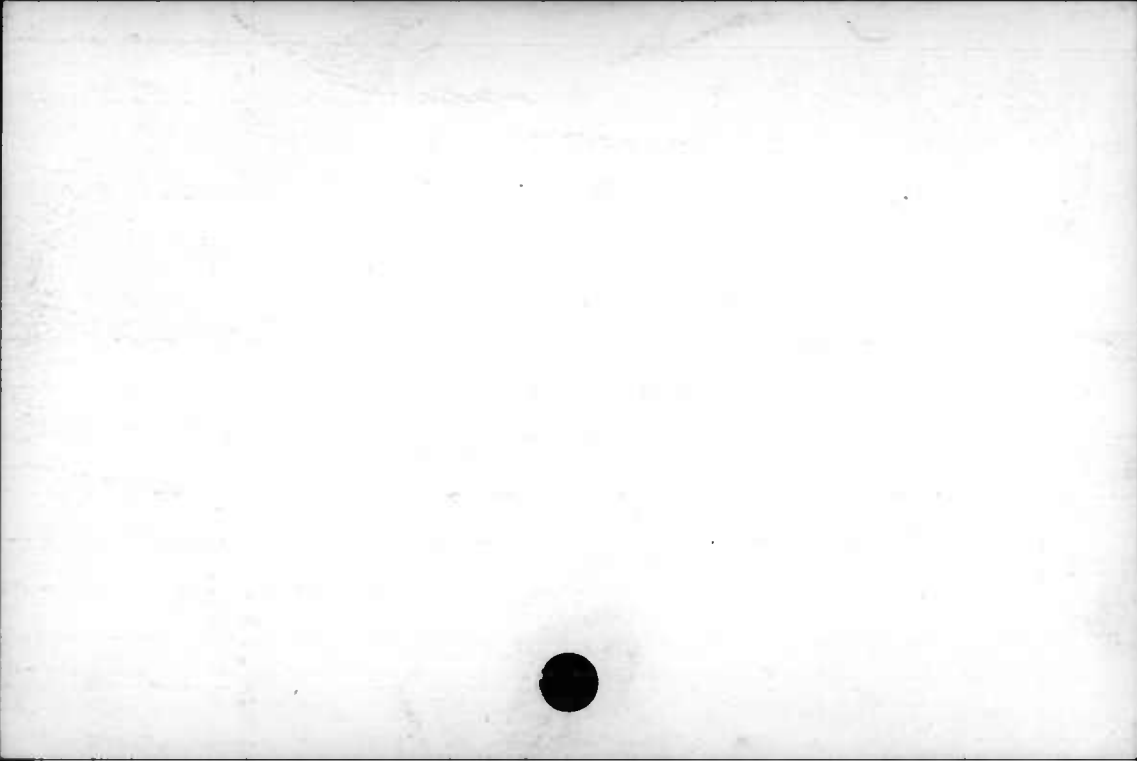
Yes

Signature of Physician

Address

Walter P. Reynolds MD
Cambridge, Md

Accident or Suicide?



Name
in
Full

Martenia Elbert

CERTIFICATE OF DEATH

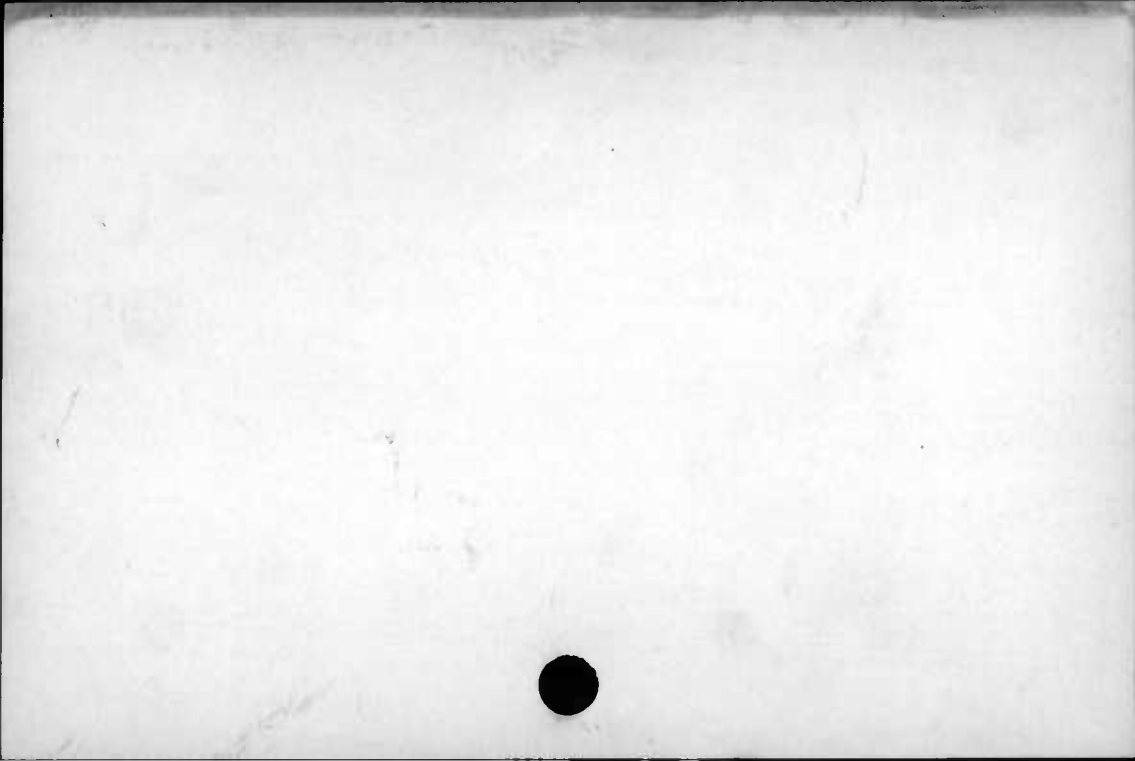
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|------|------------------------------|-----|---|---|---------------------|----------------|
| Died at <i>East New Market</i> | | Town <i>Dorchester</i> | | County | | MARYLAND | |
| Date of death | 1905 | Month | Nov | Day | 3 | Years | Age <i>one</i> |
| Sex <i>Female</i> | | Color or Race <i>Colored</i> | | Birth-place | | <i>E. N. Market</i> | |
| Occupation <i>None</i> | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name <i>John W. Elbert</i> | | | | Father's Birthplace <i>Dorchester</i> | | | |
| Mother's Maiden Name <i>Denise Wheeler</i> | | | | Mother's Birthplace | | | |
| Name of person giving information <i>John W. Elbert</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------|--------------------------------------|-------------------------------------|
| Primary | <i>Teething</i> | How long | <i>3 Months</i> |
| Immediate | <i>don't know</i> | How long | <i>10 1/2 weeks by Under doctor</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>None</i> | |
| Yes | | Address <i>East New Market - Md.</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Droper Jackson V

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|------------------------------|-------|----------|-------------------------|
| Died at ^{Town} E. N. Markers | | ^{County} Dorchester | | MARYLAND | |
| Date of death 190 J | | Month Nov | Day 1 | Years 55 | Months _____ Days _____ |
| Sex male | Color or Race Black | Birth-place Dor. Co | | | |
| Occupation Farmer | Where Residing if not at place of death E N Markers Md. | | | | |
| Married, Single or Widowed married | Name of Wife or Husband Elizabeth | | | | |
| Father's Name Henry Jackson | Father's Birthplace Don't know | | | | |
| Mother's Maiden Name Don't know | Mother's Birthplace Don't know | | | | |
| Name of person giving information: Magdalen Jackson | How related to deceased daughter | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------|------------------------|-------------------|
| Primary | In phosid fever | How long | 3 weeks |
| Immediate | Cardiac asthma | How long | _____ |
| Are the name, age, sex, color, date and place correctly given above? yes | | Signature of Physician | Edw. L. Jones |
| | | Address | E. N. Markers Md. |
| Accident or Suicide? | | | |



Name
in
Full

Mary Lena Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Cambridge^{County} Dorchester

MARYLAND

Date
of death 1905Month
11Day
29Age
4

Years

Months
3Days
13

Sex Female

Color or
Race

BLK

Birth-
place

Md.

Occupation

child

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Jones

Father's
Birthplace

Md.

Mother's
Maiden Name

Emma

Mother's
BirthplaceName of person giving
In formation

Emma Jones

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pneumonia

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

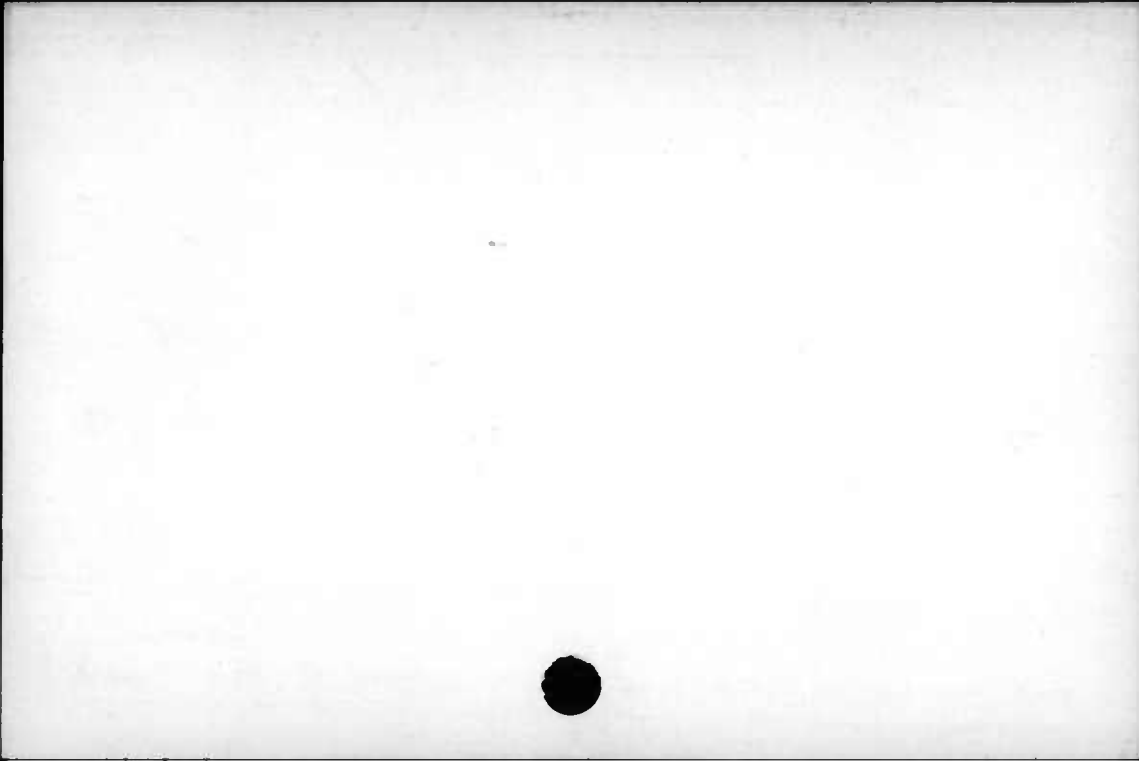
Yrs

Signature of
Physician

Address

E. E. Wolff M.D.
Cambridge, Md.

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

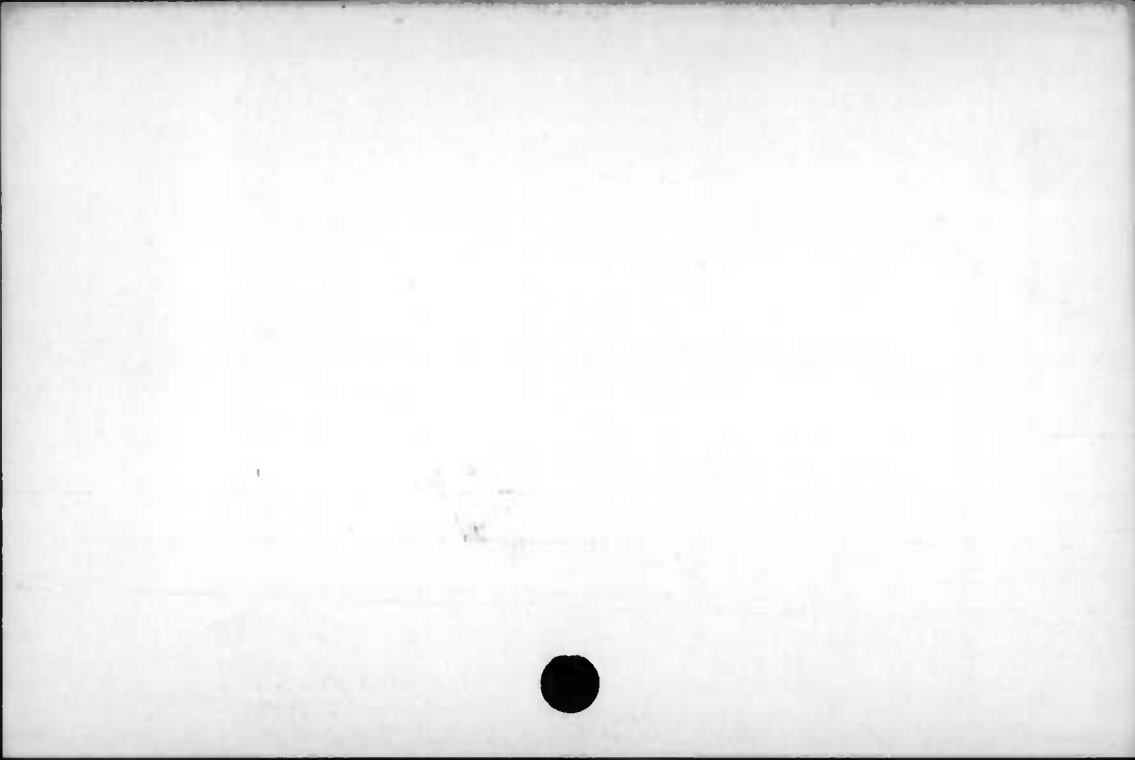
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|----------------------------|--|--|---|--------|----------|--|
| Died at <i>Andover</i> | | Town <i>Andover</i> | | County <i>Dorchester</i> | | MARYLAND | |
| Date of death <i>1905</i> | Month <i>Apr</i> | Day <i>27</i> | Age <i>75</i> | Years | Months | Days | |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>md</i> | | | | |
| Occupation <i>House work</i> | | | Where Residing if not at place of death <i>Cambridge</i> | | | | |
| Married, Single or Widowed <i>widowed</i> | | Name of Wife or Husband <i>Jamie Jones</i> | | | | | |
| Father's Name <i>Radcliff</i> | | Father's Birthplace <i>md</i> | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Name of person giving information <i>Maggie Seaver</i> | | (66) | | How related to deceased <i>daughter</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Paralysis, with Bright's</i> | How long <i>about 36 hours</i> |
| Immediate <i>extreme</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>John M. ...</i> |
| | Address <i>Cambridge, md</i> |
| Accident or Suicide? | |



Name
in
Full

Squire See

CERTIFICATE OF DEATH

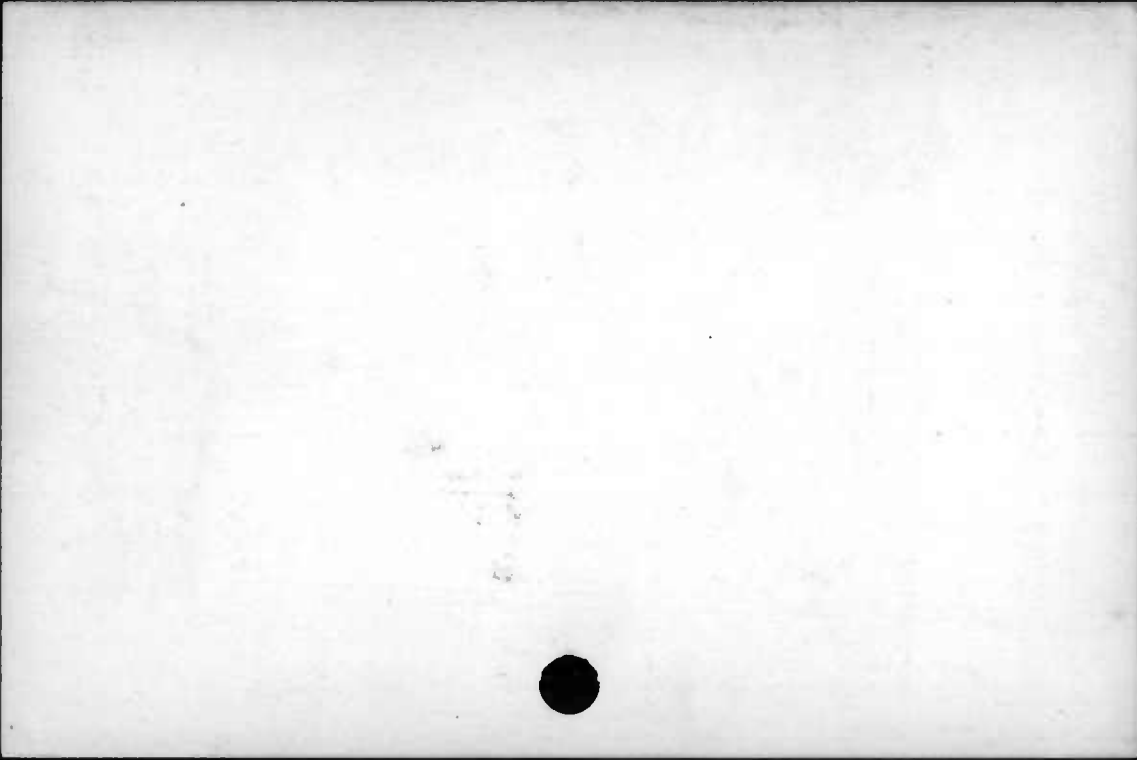
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--------------------------------|---|---------------------------------------|-----------------|----------------|
| Died at <u>Cambridge</u> ^{Town} | | <u>Winchester</u> ^{County} | | MARYLAND | |
| Date of death <u>1905</u> | Month <u>Nov</u> | Day <u>26</u> | Age <u>3</u> Years | Months <u>2</u> | Days <u>17</u> |
| Sex <u>Female</u> | Color or Race <u>Caucasian</u> | Birth-place <u>Cambridge, Md</u> | | | |
| Occupation <u>Girl</u> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <u>single</u> | | Name of Wife or Husband | | | |
| Father's Name <u>Charles Chase</u> | | | Father's Birthplace <u>Dr. Co. Md</u> | | |
| Mother's Maiden Name <u>Mary J. See</u> | | | Mother's Birthplace <u>Dr. Co. Md</u> | | |
| Name of person giving information <u>Mary J. See</u> | | | How related to deceased <u>Mother</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <u>Pneumonia</u> | How long <u>3 months</u> |
| Immediate <u>Exhaustion</u> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>Guy Steele Sub Registrar</u> |
| | Address <u>Cambridge, Md</u> |
| Accident or Suicide? <u>Only saw child after death</u> | <u>no other part of the body was found and the</u> |



Name
in
Full

Emerson G. McAllister ✓

CERTIFICATE OF DEATH

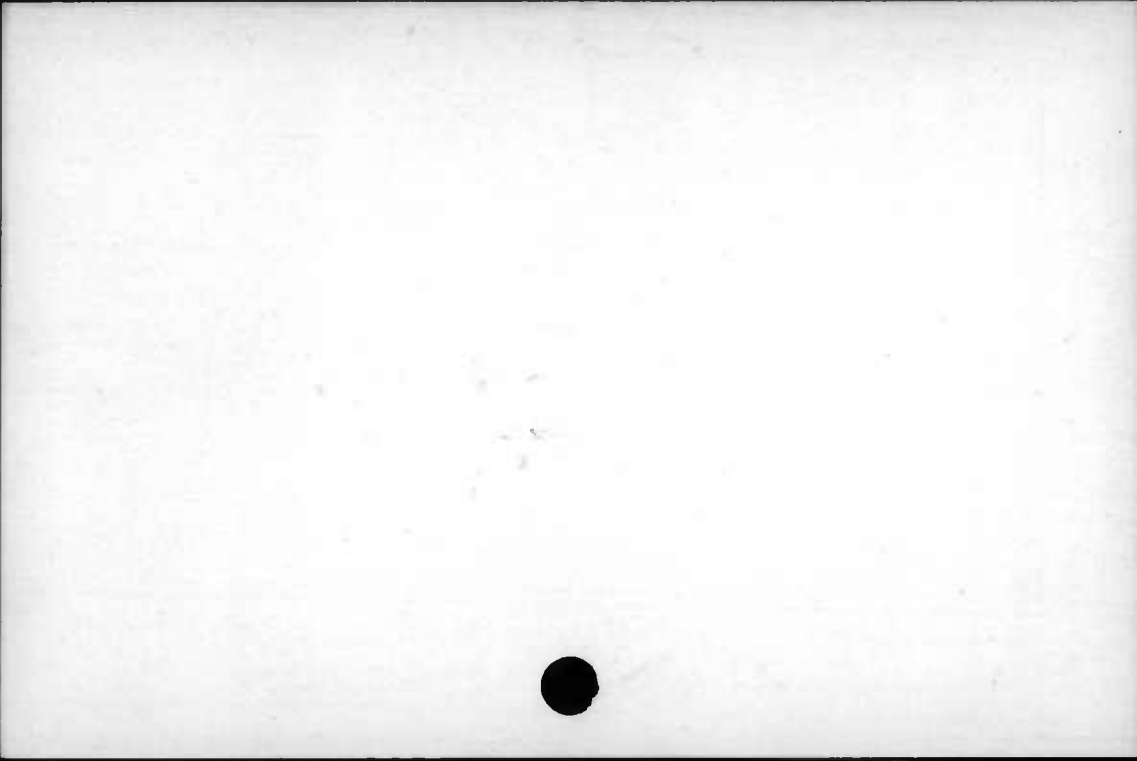
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------------|---|---|--------------------------------|-------------------------------|
| Died at <i>Cambridge</i> <small>Town</small> | | <i>Dorchester</i> <small>County</small> | | MARYLAND | |
| Date of death | <i>1905</i> <small>Month</small> | <i>13</i> <small>Day</small> | <i>—</i> <small>Years</small> | <i>4</i> <small>Months</small> | <i>23</i> <small>Days</small> |
| Sex | <i>Male</i> | Color or Race | <i>white</i> | Birth-place | <i>Cambridge Md</i> |
| Occupation | <i>—</i> | | Where Residing if not at place of death | | |
| Married, Single or Widowed | <i>Single</i> | Name of Wife or Husband | | | |
| Father's Name | <i>Clayton W. McAllister</i> | | | Father's Birthplace | <i>Dn. Co. Md</i> |
| Mother's Maiden Name | <i>Helen A. Geoghegan</i> | | | Mother's Birthplace | <i>Dn. Co. Md</i> |
| Name of person giving information | <i>Helen A. McAllister</i> | | | How related to deceased | <i>mother</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|-------------------|------------------------|----------------------|--------------------|
| Primary | <i>Monomania</i> | <i>19</i> | How long | <i>all of life</i> |
| Immediate | <i>Exhaustion</i> | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | <i>Gray Stull</i> | |
| | | Address | <i>Cambridge Md.</i> | |
| Accident or Suicide? | | | | |



Name
in
Full

Mary L Mezzio

CERTIFICATE OF DEATH

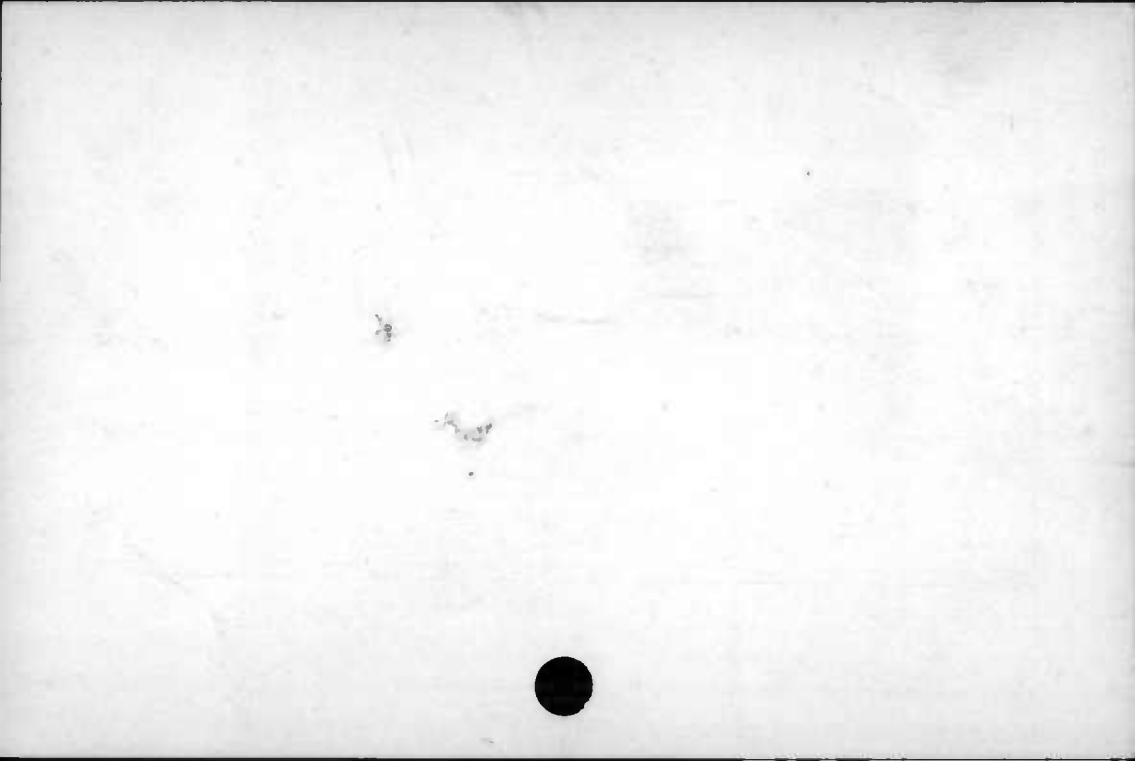
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|---|---|--|------|
| Died at <u>Caulnag</u> Town | | <u>Dorchester</u> County | | MARYLAND | |
| Date of death <u>1905</u> | Month <u>Nov</u> | Day <u>27</u> | Years <u>29</u> | Months | Days |
| Sex <u>Female</u> | Color or Race <u>White</u> | | Birth-place <u>Jaliet Ct Md</u> | | |
| Occupation <u>House wife</u> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | Name of Wife or Husband <u>George O. Mezzio</u> | | | |
| Father's Name <u>James Oylant</u> | | Father's Birthplace <u>Va.</u> | | | |
| Mother's Maiden Name <u>Elta Moore</u> | | Mother's Birthplace <u>Va</u> | | | |
| Name of person giving information <u>Mary A. Mezzio</u> | | <u>27</u> | | How related to deceased <u>Mother in Law</u> | |

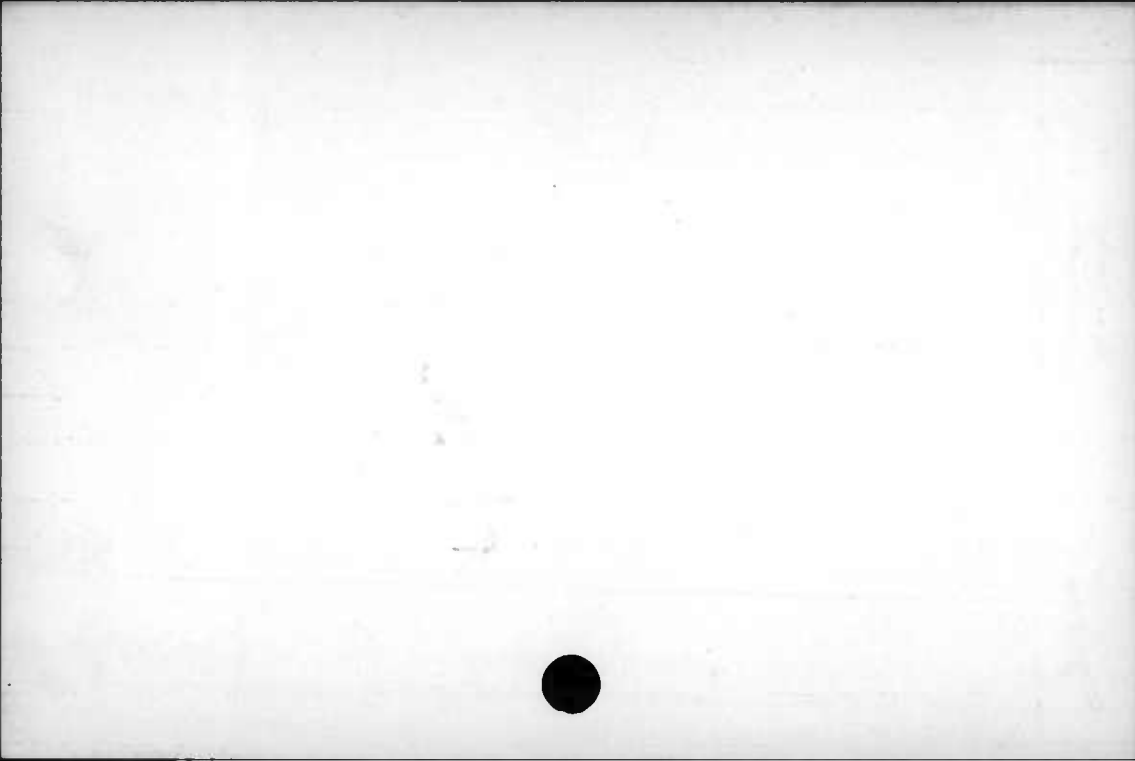
CAUSES OF DEATH



PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <u>Intermalosis Pulmonay & Intestinal</u> | How long <u>Abt one Year</u> |
| Immediate <u>Eg Raushon</u> | How long <u>Some days</u> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>Dr W Goldsboro</u> |
| | Address <u>Caulnag Md</u> |
| Accident or Suicide? | |



| | | | | | | | |
|-------------------------------------|--|---|--|--|--|--|--|
| Name in Full | | Mary Beatrice Messick | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <u>Gardens</u> <small>Town</small> | | <u>Berchester</u> <small>County</small> | | MARYLAND | |
| | | Date of death 190 <u>5</u> <small>Month</small> <u>Nov</u> | | <u>2</u> <small>Day</small> <u>3</u> <small>Years</small> <u>3</u> | | <u>9</u> <small>Months</small> <u>20</u> <small>Days</small> | |
| | | Sex <u>Female</u> | | Color or Race <u>White</u> | | Birth-place <u>James Md</u> | |
| | | Married, Single or Widowed <u>—</u> | | Occupation <u>—</u> | | | |
| | | Name of Wife or Husband <u>—</u> | | | | | |
| PHYSICIAN OR CORONER | | Father's Name <u>James A Messick</u> | | Father's Birthplace <u>Thomas Md</u> | | | |
| | | Mother's Maiden Name <u>Mary E Thomas</u> | | Mother's Birthplace <u>Thomas Md</u> | | | |
| | | Name of person giving Information <u>Eli Figgis</u> | | How related to deceased <u>None</u> | | | |
| | | CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | | Primary <u>Acute catarrhal laryngitis</u> | | How long <u>2 days</u> | | | |
| | | Immediate <u>Acute catarrhal bronchitis</u> | | How long <u>2 days</u> | | | |
| | | Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | | Signature of Physician <u>S A Stokes M.D.</u> | | | |
| | | | | Address <u>Baltimore Md</u> | | | |
| | | Accident or Suicide? <u>—</u> | | | | | |



| Name in Full | | Geo. M. Moore | | | | CERTIFICATE OF DEATH | |
|---|--|-------------------------|---|---|--------|----------------------|----------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <u>Cambridge</u> | | Town <u>Dorchester</u> | | County | | MARYLAND |
| | Date of death <u>1905</u> | Month <u>Nov.</u> | Day <u>23</u> | Age <u>63</u> | Years | Months | |
| | Sex <u>male</u> | Color or Race <u>W.</u> | | Birth-place <u>Maryland</u> | | | |
| | Occupation <u>Laborer</u> | | | Where Residing if not at place of death <input checked="" type="checkbox"/> | | | |
| | Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband <u>Billy B. Moore</u> | | | | |
| | Father's Name <u>Ephraim Moore</u> | | | Father's Birthplace <u>Maryland</u> | | | |
| | Mother's Maiden Name <u>Don't Know</u> | | | Mother's Birthplace <u>Maryland</u> | | | |
| PHYSICIAN OR CORONER | Name of person giving information <u>Billy B. Moore</u> | | | How related to deceased <u>Wife</u> | | | |
| | CAUSES OF DEATH | | | | | | |
| | Primary <u>Nephritis</u> | | | How long <u>2 years</u> | | | |
| | Immediate <u>Ext. infection</u> | | | How long <u>4 hours</u> | | | |
|  | Are the name, age, sex, color, date and place correctly given above? | | | Signature of Physician <u>Chas. M. Stanley</u> | | | |
| | | | | Address  | | | |
| | Accident or Suicide? | | | | | | |

22



Name
in
Full

Marguerita O. North

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Fishing Creek Dorchester County
Date of death 1905 Nov 29th 29th 8 3 1
Sex Female Color or Race White Birth-place Dorchester
Occupation Infant Where Residing if not at place of death _____
Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name John H. North Father's Birthplace Dorchester
Mother's Maiden Name Betty C. Tyler Mother's Birthplace Dorchester
Name of person giving information John H. North How related to deceased Father

CAUSES OF DEATH

Primary from exposure Muscle-relapse - Pericarditis How long 12 days.
Immediate Acute Nephritis, Uræmia How long 2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

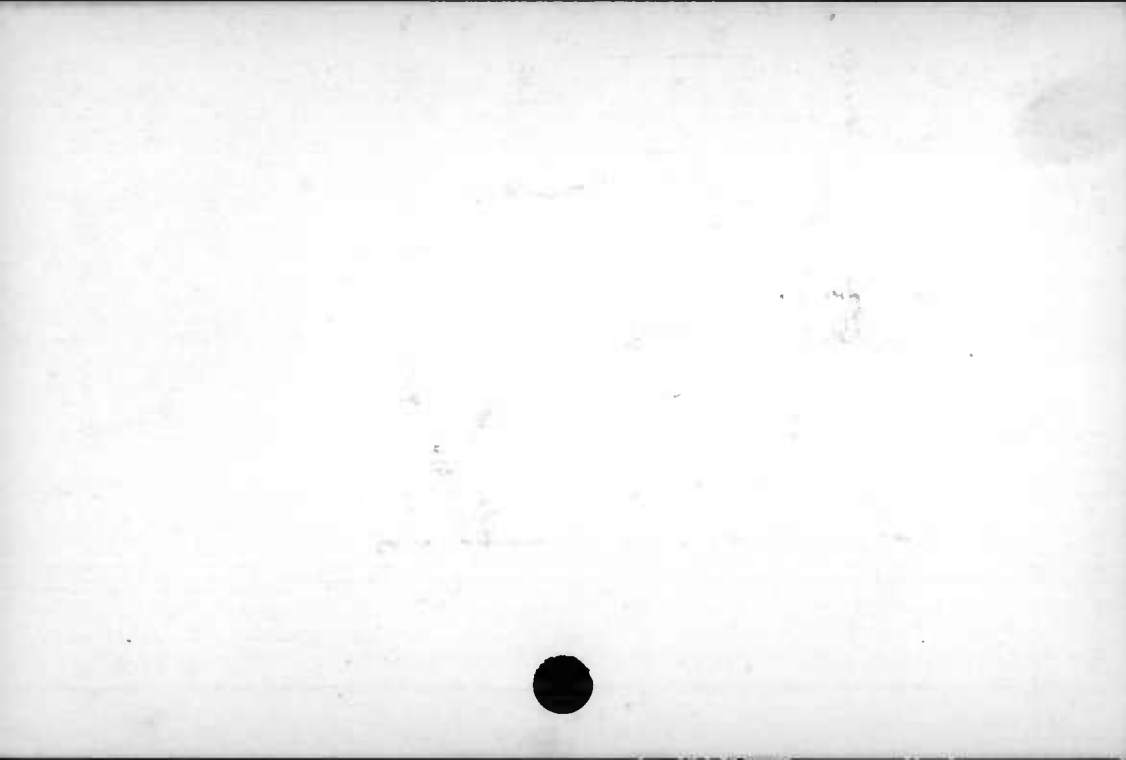
Signature of Physician

Address

W. W. Houston M.D.
Fishing Creek

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Setha Mager Bornmeyer Piuskett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--------------------------------|--|--|-----------------|----------------|
| Died at <u>Bucktown</u> ^{Town} | | <u>Walden</u> ^{County} | | MARYLAND | |
| Date of death <u>1905</u> | Month <u>Nov.</u> | Day <u>18</u> | Age <u>2</u> | Months <u>6</u> | Days <u>23</u> |
| Sex <u>Female</u> | Color or Race <u>Caucasian</u> | | Birth-place <u>Bucktown</u> | | |
| Occupation <u>—</u> | | | Where Residing if not at place of death <u>—</u> | | |
| Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband | | | |
| Father's Name <u>Ed. Piuskett</u> | | Father's Birthplace <u>Wm. Co. Md.</u> | | | |
| Mother's Maiden Name <u>Emma J. Davis</u> | | Mother's Birthplace <u>Wm. Co. Md.</u> | | | |
| Name of person giving information <u>Ed. Piuskett</u> | | How related to deceased <u>father</u> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <u>Tuberculosis</u> | How long <u>all of life</u> |
| Immediate <u>Exhaustion</u> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>Ed. Piuskett Factor</u> |
| | Address <u>Bucktown Md.</u> |
| Accident or Suicide? | |



Name
in
Full

Mietta W. Richardson ✓

CERTIFICATE OF DEATH

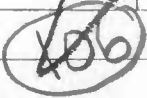
TO BE ANSWERED BY
NEAREST FRIEND

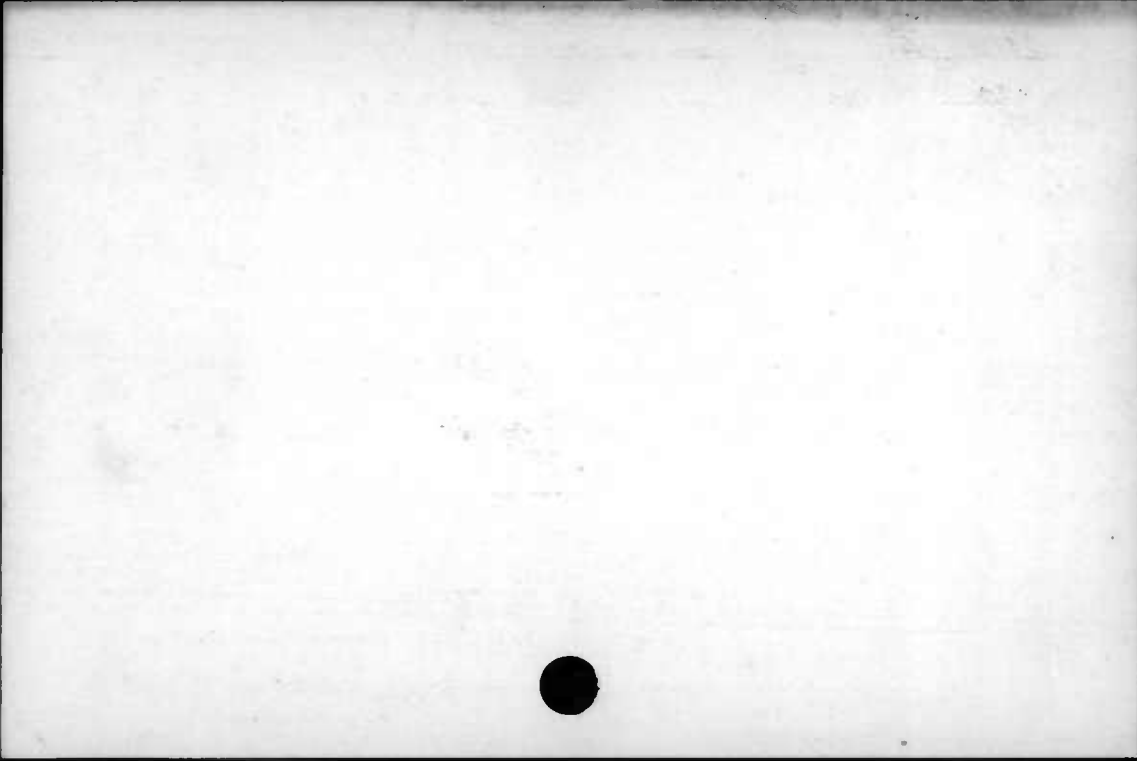
MARYLAND

| | | | | | |
|---|---|-----------------------|---|-------------------------|-----------------|
| Died at <i>Cambridge</i> | | Town <i>Cambridge</i> | | County <i>Anchester</i> | |
| Date of death <i>1905</i> | Month <i>Nov</i> | Day <i>16</i> | Age <i>46</i> | Years <i>4</i> | Months <i>8</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Church Creek</i> | | |
| Occupation <i>Housewife</i> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Clarence S. Richardson</i> | | | | |
| Father's Name <i>Thos. J. Jones</i> | | | Father's Birthplace <i>Church Creek</i> | | |
| Mother's Maiden Name <i>Angeline Haeum</i> | | | Mother's Birthplace <i>Zaberville</i> | | |
| Name of person giving information <i>Clarence S. Richardson</i> | | | How related to deceased <i>Husband</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|--|-----------------------------|
| Primary <i>Menstrual Colic</i> |  | How long <i>Some months</i> |
| Immediate <i>& Lauska</i> | | How long <i>A few weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Dr. Colerborough</i> | |
| | Address <i>Cambridge, Md</i> | |
| Accident or Suicide? | | |



Certificate of Death

Died at

MARYLAND

Husband

Father's

Name _____

Cause of

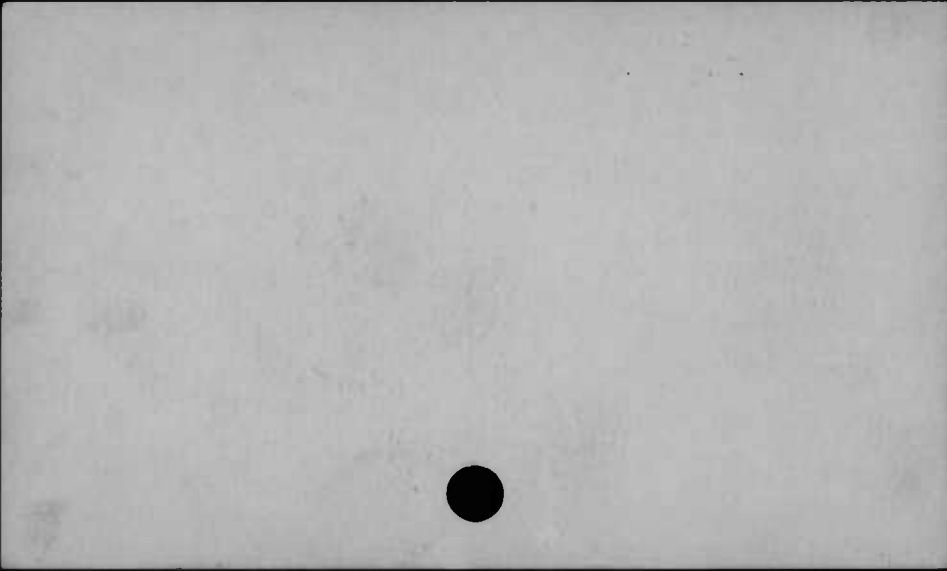
Primary

Immediate

Reported by

Address

LIBRARY BUREAU, 65968



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Edward Seward*

Died at *James* Town *Berchis* County *cr*

DATE of death 1905 *Nov* Month *8* Day Age *42* Years Months *2* Days *20*

Sex *Male* Color or Race *White* Birth-place *Hills Point*

Married, Single or Widowed *Married* Occupation *Farmer*

Name of Wife or Husband *Catharine Seward*

Father's Name *J. H. Seward* Father's Birthplace *James*

Mother's Maiden Name *Sarah E. Elliot* Mother's Birthplace *—*

Name of person giving information *J. H. Seward* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Intestinal tuberculosis* How long *2 mos*

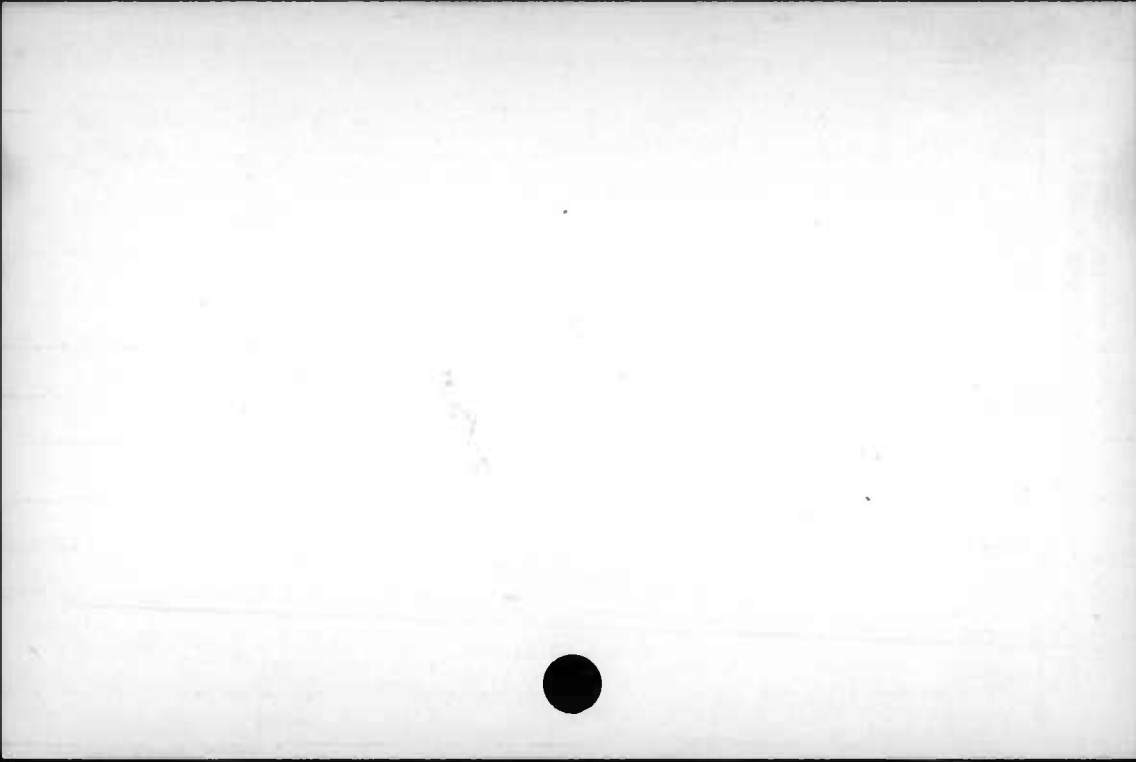
Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *S. A. Stokes*

Address *R 7 B # 5 Cambridge*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

Dorothy Elena Shipley

Town

County

MARYLAND

Died at

Hurlock

Date

Month

Day

Age

Years

Months

Days

of death

1905

11

29

1

4

10

Sex

female

Color or
Race

white

Birth-
place

Cambridge Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Harry A Shipley

Father's
Birthplace

Baltimore Md

Mother's
Maiden Name

Mamie E Saylor

Mother's
Birthplace

White Haven Md

Name of person giving
information

H C Shipley

How related
to deceased

father

CAUSES OF DEATH

Primary

Whooping Cough

How long

Two weeks

Immediate

Broncho pneumonia

How long

one week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

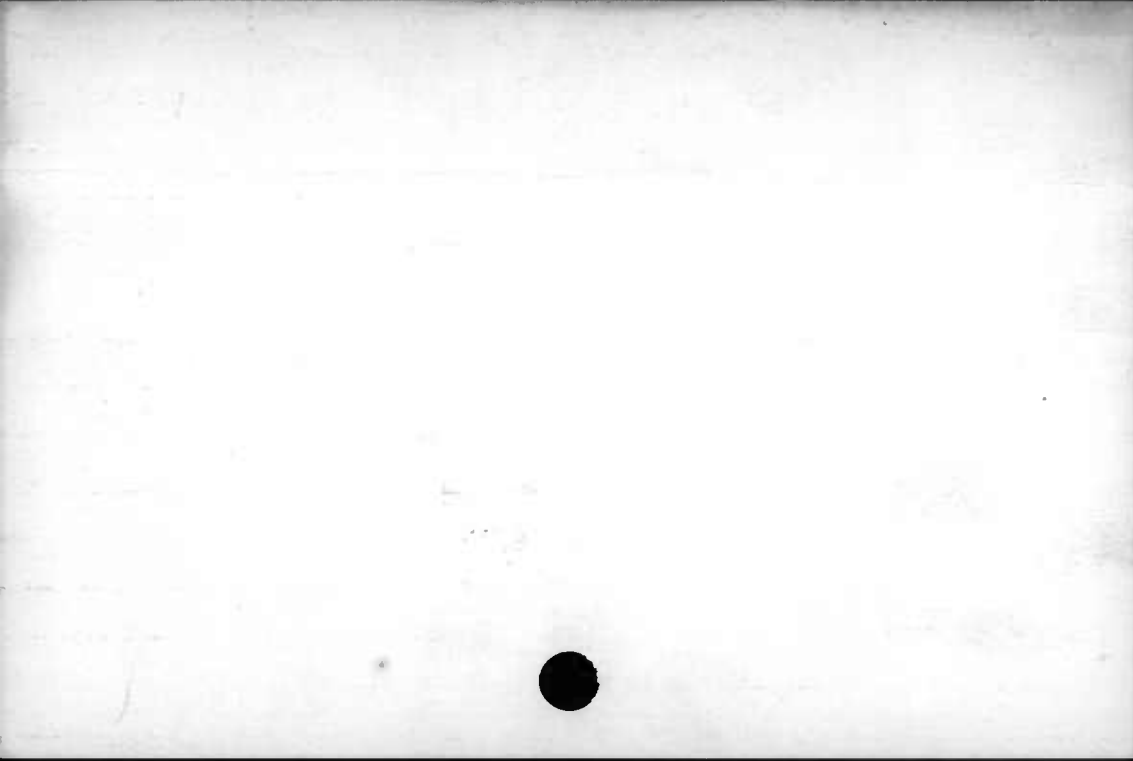
*G Roger Myers MD
Hurlock Md*

Accident or Suicide?

✓

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mabel E Shurling ✓

CERTIFICATE OF DEATH

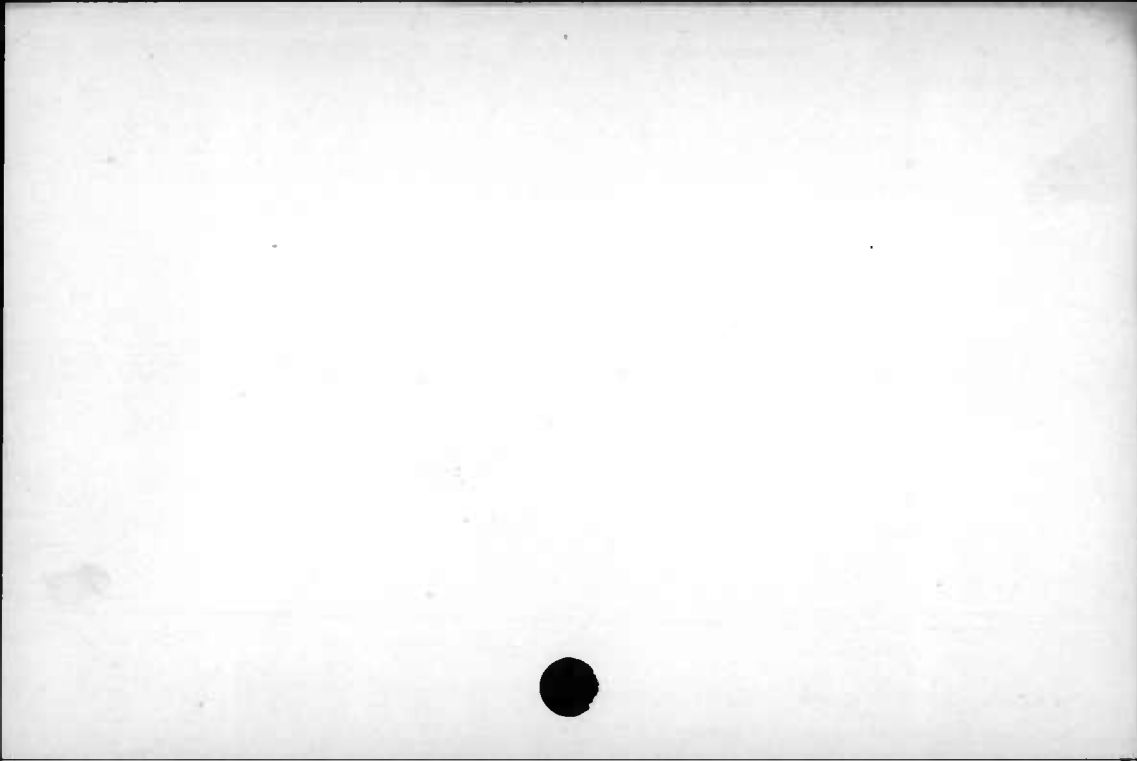
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|-------------------------------------|---|----------------------------|-------------------------|
| Died at <u>Cauling</u> ^{Town} | | <u>Dorchester</u> ^{County} | | MARYLAND | |
| Date of death <u>1905</u> | <u>November</u> ^{Month} | <u>13</u> ^{Day} | Age | <u>9</u> ^{Months} | <u></u> ^{Days} |
| Sex <u>Female</u> | Color or Race <u>White</u> | | Birth-place <u>Cauling Ma</u> | | |
| Occupation <u>—</u> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Father's Name <u>Thos Ed Shurling</u> | | | Father's Birthplace <u>Somerset Ma</u> | | |
| Mother's Maiden Name <u>Anne Adams</u> | | | Mother's Birthplace <u>Dorchester Co Ma</u> | | |
| Name of person giving information <u>Mrs J. S Shurling</u> | | | How related to deceased <u>Mother</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>Malaria</u> | How long <u>Some months</u> |
| Immediate <u>E. Lauska</u> | How long <u>After days</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>B. B. Lauska</u> |
| | Address <u>Cauling Ma</u> |
| Accident or Suicide? | |



Name
in
Full

Lucy J. Stiles

✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied ^{P.O.} Cambridge ^{Town}Inchester ^{County}

MARYLAND

Date
of death 1905Month
Apr.Day
13

Age

Years
22Months
6Days
12

Sex

Female

Color or
Race

colored

Birth-
place

Lor. Co. Md.

Occupation

housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Wm. E. Stiles

Father's
Name

Wm. J. Wilson

Father's
Birthplace

Lor. Co. Md.

Mother's
Maiden Name

Mary E. Chase

Mother's
Birthplace

Lor. Co. Md.

Name of person giving
Information

Mary E. Chase

How related
to deceased

mother

CAUSES OF DEATH

Primary

Tuberculosis - pulmonary & fungous

How long

7 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Lucy Stiles

Address

Cambridge Md.

Accident or Suicide?



Name
in
Full

Annie McTolles


CERTIFICATE OF DEATH

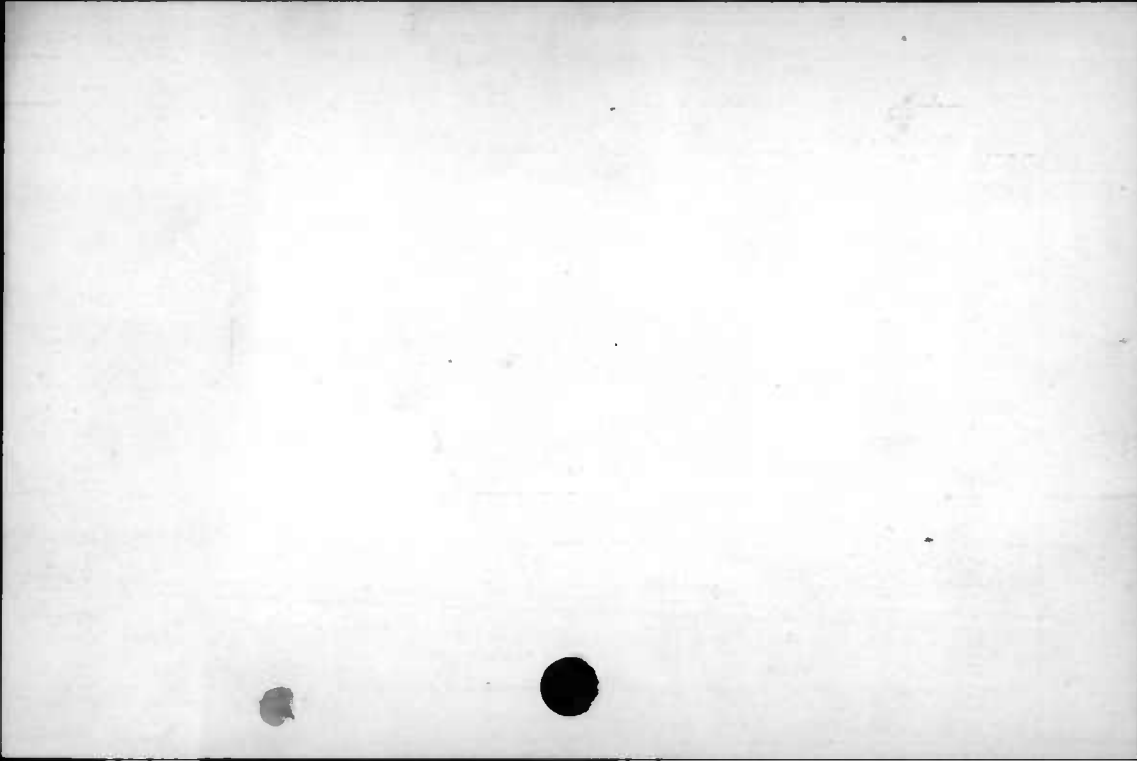
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|---|--|--------------------|--------------------|
| Died at <i>Madison</i> Town | | <i>Dorchester Co</i> County | | MARYLAND | |
| Date of death | <i>1905</i> | Month <i>Nov.</i> | Day <i>30th</i> | Years <i>61</i> | Months <i>7</i> |
| Sex <i>Female</i> | Color or Race <i>Col.</i> | | Birthplace <i>Dor. Co. Md</i> | | |
| Occupation <i>Housework</i> | | Where Residing if not at place of death <i>Madison</i> | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>John T. Tolles</i> | | | | |
| Father's Name <i>Don't know</i> | Father's Birthplace <i>Dor. Co. Md</i> | | Mother's Birthplace <i>Id.</i> | | |
| Mother's Maiden Name <i>Don't know</i> | <i>Emeline Tubman</i> | | How related to deceased <i>None</i> | | |
| Name of person giving information <i>Howard Richardson</i> | | <i>George L. Keene</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary * <i>Aprolexy</i> | How long <i>Suddenly</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Probably</i> | Signature of Physician <i>R. L. Linticum</i> |
| * <i>Did not attend patient</i> <i>R. L. L.</i> | Address  |
| Accident or Suicide? | |



Name
in
Full

Geo. Henry White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Hoopersville

County

Dorchester

Date of death 1905 Nov.

Month

21st

Day

Age - 55 -

Years

Months

- 8 -

Days

- 17 -

Sex Male

Color or
Race

White

Birth-
place

Hoopersville

Occupation

Merchant

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Sarah E. White

Father's
Name

James W. White

Father's
Birthplace

Wicomico

Mother's
Maiden Name

Laricie Lewis

Mother's
Birthplace

Dorchester

Name of person giving
Information

Mrs. White

How related
to deceased

Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Interstitial Nephritis Arterio-Sclerosis

How long

2 years.

Immediate

Alcoholism, Sclerosis Tremens. Suppression of Urine, Coma

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

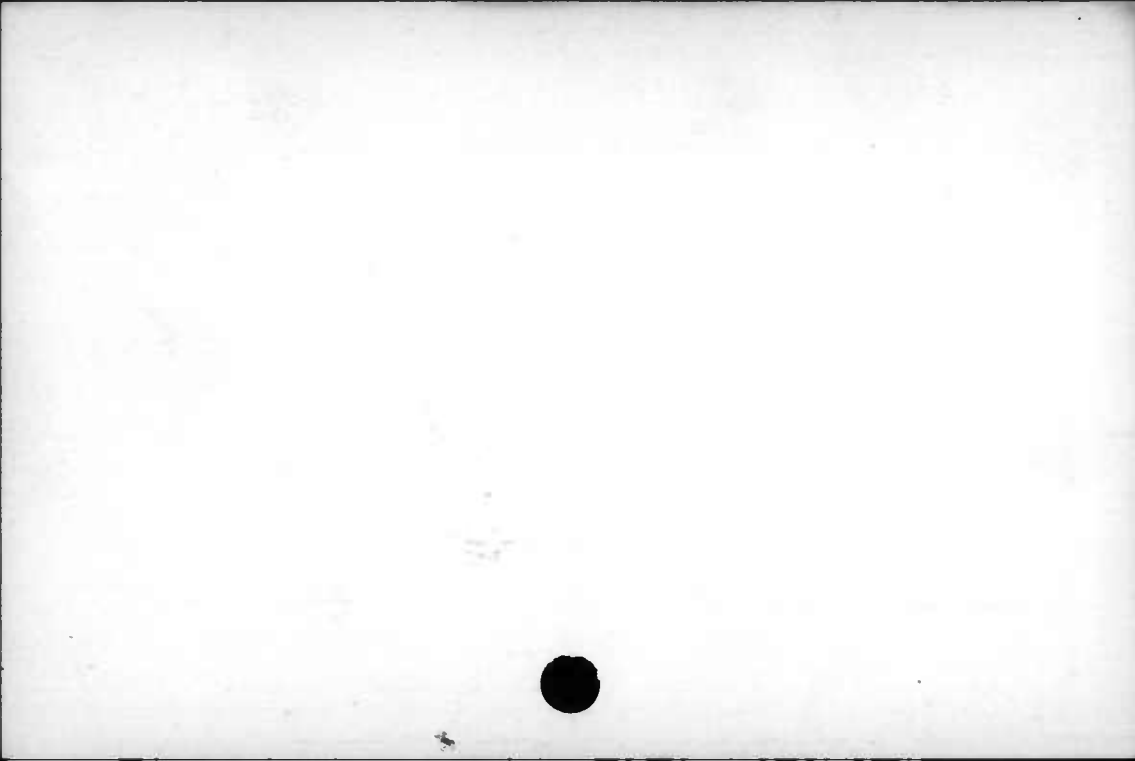
Signature of
Physician

W. H. Houston M.D.

Address

Fishing Creek Md.

Accident or Suicide?



Name
in
Full

William T. Kroten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|-------------------------------|---------------|-------------------------|--------|----------|--|
| Died at <u>Lakesville</u> | | Town <u>Lakesville</u> | | County <u>Sondusker</u> | | MARYLAND | |
| Date of death <u>1905</u> | Month <u>Nov</u> | Day <u>11</u> | Age <u>71</u> | Years | Months | Days | |
| Sex <u>Male</u> | Color or Race <u>White</u> | Birth-place <u>Lakesville</u> | | | | | |
| Occupation <u>Farmer</u> | Where Residing if not at place of death | | | | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Anna Kroten</u> | | | | | | |
| Father's Name <u>Thos T Kroten</u> | Father's Birthplace <u>Ceraps</u> | | | | | | |
| Mother's Maiden Name <u>Sarah Kroten</u> | Mother's Birthplace | | | | | | |
| Name of person giving information <u>Thomas Adams</u> | How related to deceased | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <u>Brunnaria</u> | How long <u>5-</u> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>A. J. Krivan Undertaker</u> |
| | Address <u>Ceraps</u> |
| Accident or Suicide? | <u>Ind</u> |

